

Combined USAF/US Army Warfighter Refractive Surgery Center



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Overview

- Current Situation & Proposal
- Advantages
- Issues
- Requirements

Current Situation & Proposal

- WHMC has only SAMM-area laser
 - 6 eye lanes and 1 surgical suite
 - BAMC physicians treat 360+ active duty Army per year at WHMC
 - WHMC treats 2,600 active duty Air Force per year
 - WHMC pays Army costs via informal Army/Air Force agreement
- Army approved funds of \$1M for FY05 and beyond for increased treatment of Army soldiers
- Proposal: Create Combined USAF/US Army Warfighter Refractive Surgery Center

Advantages

- Combined resources reduces costs and duplication
 - Manning, lasers, and supplies
- Clinical benefits of consolidation:
 - Improved GME experience
 - Possible refractive surgery fellowship
- Increased number of surgeons (3 to 6) should double workload
 - Current: 3 (2 AF/1 AR); FY05: 6 (3 AF/3 AR)
- Potential for beneficiary refractive treatments
 - Would require a DoD-level policy change

Issues

- Staff efficiency decreased by travel time
- Current space too small to support doubling of workload
- Finish-out for consolidated location may take 6 months to 1 year

Requirements

- MOA Required between Army and Air Force
- Space for New Location
 - 10K sq ft minimum – 20K sq ft maximum
 - 14 eye lanes and 2 surgical suites
- Purchase new lasers
 - LADAR 6000
 - Intralase



San Antonio MM0